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Substitute for Form PTO-875								Application or Docket Number		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUN	ABER FILED	NUMB	BER EXTRA	RATE	FEE]	RATE	FEE
	SIC FEE CFR 1.16(a))							1	HAIL	
	TAL CLAIMS CFR 1.18(c))		minus ?	, .			\$	OR		\$
IND	EPENDENT CLA	ims				X 1	 	OR	× \$	ļ
(37	CFR 1.10(b))		minus	3 .		X 1		OR	X \$	
MUI	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							OR	+1	
" If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	L	OR	TOTAL	
	C	CLAIMS AS A	MENDEC) - PART II						
	(Column 1) (Column 2) (Colu				(Column 3)	SMALL	ENTITY	on		R THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	HATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total (3) CHUNG(I)	6	Minus	20	. 1	x s •	1.00		x s «	ree
	Independent (37 C/R + 14(b))	. 1	Minus	··· Z	1.	x \$ •		OR		
	FIRST PRESCRIATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1 16(d))							OR	× 5	
	in the second control of the second control					TOTAL		,OR	TOTAL	
	•					ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2) HIGHEST	(Column 3)		·	,	· · · · · · · · · · · · · · · · · · ·	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE
	(3) CIR VIGO)		Minus			x 5=		OR	A \$=	
	Independent (3) C/A i 16(b))	•	Minus		=	x s =	÷	OR	x \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1 16(d))					+ 5 =		OR		
						TOTAL			TOTAL	
						ADD'L FEE		OR	ADD'L FEE	
_		(Column 1) CLAIMS	 _	(Column 2) HIGHEST	(Column 3)	·	 -	•		
፮⊦		REMAINING AFTER A'ACHOMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT CXTRA	RATE	ADDI: TIONAL FEE		RATE	ADDI TIONAL FEE
	to the contra	,	titinus	••	7	λ \$=		OR	x 5 =	
	Independent (3) (18 x (6(6))		Minus	•••	:	x \$ =		OR	x \$ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT QUAM. (37 CFR 1 16(d))					+ 5 =				
	The state of the s							OR	TOTAL	· · · · · · · · · · · · · · · · · · ·
				in column 2, write		ADD'L FEE [OR	ADD'L FEE	
•••	If the Highest H	umber Previously	Paid For	IN THIS SPACE I	s less than 3, ent	er '3',				
	The Highest Hu	imber Praviously	Paid For (Telal or Independe	nt) is the highes	I number found in t	he appropriate	bax in co	lumo 1	

This collection of information is received by 37 CFR 1.16. The information is required to obtain or retain a benefit by the nutric which is to file (and by the HSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, prenance, and submitting the completed application form to the USP10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.